

Data Management Report

December 2016

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010							
Middle	1932	1924	1926	1923	1919							
West	1138	1130	1124	1124	1125							
Statewide	5097	5063	5065	5061	5054	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255						
Unduplicated waiver participants.	5180	5183	5188	5194	5200							
# of slots remaining for calendar year	75	72	67	61	55	5255	0	0	0	0	0	0

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481							
Middle	527	524	524	524	517							
West	730	733	731	730	728							
Statewide	1748	1746	1742	1748	1726	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923						
Unduplicated waiver participants.	1805	1806	1807	1807	1809							
# of slots remaining for calendar year	118	117	116	116	114							

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399							
Middle	467	463	463	465	465							
West	373	368	369	368	367							
Statewide	1244	1237	1236	1236	1231	0	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802						
Unduplicated waiver participants.	1312	1313	1313	1313	1313							
# of slots remaining for calendar year	490	489	489	489	489							

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3							
Middle	1	1	1	0	0							
West	1	1	1	1	1							
HJC FAU (Forensic)	4	5	4	4	4							
HJC BSU (Behavior)	4	3	3	3	3							
Statewide	13	13	12	11	11	0	0	0	0	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0							
Middle	0	0	0	0	0							
West	0	0	0	0	0							
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55							
HJC- Day One (ICF)	6	6	7	7	8							
Total	66	64	64	64	63	0	0	0	0	0	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61							
Middle	36	36	36	35	36							
West	48	48	48	48	47							
TOTAL	147	146	144	144	144	0	0	0	0	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	0	0	0	0	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	0	0	0	0	0	0	0
Middle	2977	2962	2964	2961	2952							
West	2290	2280	2273	2271	2268	0	0	0	0	0	0	0
Total	8315	8269	8263	8264	8229							

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2								4
SD Waiver	10	1	0	0	0								11
Statewide Waiver	10	3	6	6	5								30
Total Waiver Enrollments	20	5	7	6	7								45

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0								0
Middle	0	1	0	0	1								2
West	0	0	1	0	1								2
Grand Total CAC Waiver	0	1	1	0	2								4

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0								4
Middle	3	0	0	0	0								3
West	4	0	0	0	0								4
Grand Total SD Waiver	10	1	0	0	0								11

SD Waiver Aging Caregiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	East	2	1	0	0	0							3
	Middle	0	0	0	0	0							0
	West	1	0	0	0	0							1
	Total	3	1	0	0	0							4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0								4
Middle	1	0	0	1	0								2
West	2	0	1	0	1								4
Total	6	1	1	1	1								10

Secondary Enrollment Source of Crisis:

APS		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0
CHOICES		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	1	0	0	0	0								1
	Total	1	0	0	0	0								1

CORRECTIONAL FACILITY		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0

DCS Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	1	1	3	1	0								6
	Middle	0	0	2	1	3								6
	West	0	1	0	3	1								5
	Total	1	2	5	5	4								17

DC Transitions into Statewide		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	GVDC	0	0	0	0	0								0
	HJC	0	0	0	0	0								0
	Total	0	0	0	0	0								0

ICF Transfer Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0

MH Enrollments		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0

PASRR NON NF		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0

PASRR in NF		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0								0
	Middle	0	0	0	0	0								0
	West	0	0	0	0	0								0
	Total	0	0	0	0	0								0

SD Waiver Transfers		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	1	0	0	0	0								1
	Middle	1	0	0	0	0								1
	West	1	0	0	0	0								1
	Total	3	0	0	0	0								3

Total by Region		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	5	2	3	1	0								11
	Middle	2	0	2	2	3								9
	West	3	1	1	3	2								10
	Grand Total Statewide Waiver	10	3	6	6	5								30

Analysis

There were 7 waiver enrollments for November 2016. 0 individuals were enrolled into the SD waiver. 5 individuals were enrolled into the Statewide waiver. 2 individuals were enrolled into the CAC waiver.

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0								3
Involuntary- Death	13	1	2	6	7								29
Involuntary- Safety	0	0	0	1	0								1
Involuntary- Incarceration	2	0	0	0	1								3
Involuntary- NF > 90 Days	0	0	0	0	0								0
Involuntary- Out of State	0	0	0	0	0								0
Total Disenrolled	17	2	2	7	8								36

SD Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0	1	2	2	3								8
Involuntary- Death	0	2	2	1	0								5
Involuntary- Safety	0	0	0	0	0								0
Involuntary- Incarceration	0	0	0	0	0								0
Involuntary- NF > 90 Days	0	0	0	0	0								0
Involuntary- Out of State	2	0	0	0	0								2
Total Disenrolled	2	3	4	3	3								15

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3								16
Involuntary- Death	10	11	7	10	5								43
Involuntary- Safety	0	0	0	0	0								0
Involuntary- Incarceration	0	0	0	1	0								1
Involuntary- NF > 90 Days	1	0	0	0	0								1
Involuntary- Out of State	0	0	0	0	1								1
Total Disenrolled	13	14	12	14	9								62

Analysis:

There were 3 discharged from the SD Waiver.

Census reflects the number of people in the facility on the last day of the month.

Greene Valley	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60	58	57	57	55								
Discharges													
Death	0	1	0	0	0								1
Transition to another dev center	0	0	0	0	0								0
Transition to community state ICF	0	0	0	0	0								0
Transition to private ICF	0	1	1	0	2								4
Transition to waiver program	0	0	0	0	0								0
Transition to non DIDD svcs	0	0	0	0	0								0
Total Discharges	0	2	1	0	2								5

[illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15								
Admissions	FYTD												
HJC Day One (ICF)	0	0	0	0	0								0
HJC FAU (SF)	0	1	0	0	1								2
HJC BSU (SF)	0	0	0	0	1								1
Total Admissions	0	1	0	0	2								3
Discharges													
Death	0	0	0	0	0								0
Transition to community state ICF	0	0	0	0	0								0
Transition to private ICF	0	0	0	0	0								0
Transition to waiver program	0	1	0	0	1								2
Transition back to community	1	0	0	0	0								1
Total Discharges	1	1	0	0	1								3
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61								FYTD
Admissions	0	0	0	1	0								1
Discharges													
Death	0	1	2	0	0								3
Transition to another dev center	0	0	0	0	0								0
Transition to community state ICF	0	0	0	0	0								0
Transition to private ICF	0	0	0	0	0								0
Transition to waiver program	0	0	0	0	0								0
Transition to non DIDD srvs	0	0	0	0	0								0
Total Discharges	0	1	2	0	0								3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36								FYTD
Admissions	0	0	0	0	1								1
Discharges													
Death	0	0	0	1	0								1
Transition to another dev center	0	0	0	0	0								0
Transition to public state ICF	0	0	0	0	0								0
Transition to private ICF	0	0	0	0	0								0
Transition to waiver program	0	0	0	0	0								0
Transition to non DIDD srvs	0	0	0	0	0								0
Total Discharges	0	0	0	1	0								1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47								FYTD
Admissions	0	0	0	0	0								0
Discharges													
Death	0	0	0	0	1								1
Transition to another dev center	0	0	0	0	0								0
Transition to public state ICF	0	0	0	0	0								0
Transition to private ICF	0	0	0	0	0								0
Transition to waiver program	0	0	0	0	0								0
Transition to non DIDD srvs	0	0	0	0	0								0
Total Discharges	0	0	0	0	1								1

Analysis:

For November 2016 HJC had 2 admissions and 1 discharges bringing the census to 15. ETCH had 0 discharges and 0 admissions which held the census to 61. MTH had 1 admission which increased the census to 36 , WTCH had 1 discharge which decreased the census to 47. and GVDC had 2 transitions , which decreased the census to 55

D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0							
# from TennCare	0	0	0	0	0							
% from TennCare	N/A	N/A	N/A	N/A	N/A							
# from a Concerned Citizen	0	0	0	0	0							
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A							
# from the Waiver Participant	0	0	0	0	0							
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A							
# from a Family Member	0	0	0	0	0							
% from a Family Member	N/A	N/A	N/A	N/A	N/A							
# from Conservator	1	0	0	0	0							
% from Conservator	100%	N/A	N/A	N/A	N/A							
# Advocate (Paid)	0	0	0	0	0							
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A							
# from PTP Interview	0	0	0	0	0							
% from PTP Interview	N/A	N/A	N/A	N/A	N/A							

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4							
# from TennCare	0	0	0	0	0							
% from TennCare	N/A	N/A	N/A	N/A	N/A							
# from a Concerned Citizen	2	6	4	1	1							
% from a Concerned Citizen	50%	50%	40%	14%	25%							
# from the Waiver Participant	0	0	0	1	0							
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A							
# from a Family Member	0	4	1	1	2							
% from a Family Member	N/A	33%	10%	14%	50%							
# from Conservator	2	2	5	4	1							
% from Conservator	50%	17%	50%	57%	25%							
# Advocate (Paid)	0	0	0	0	0							
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A							
# from PTP Interview	0	0	0	0	0							
% from PTP Interview	N/A	N/A	N/A	N/A	N/A							

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5							
# from TennCare	0	0	0	0	0							
% from TennCare	N/A	N/A	N/A	N/A	N/A							
# from a Concerned Citizen	1	3	1	0	0							
% from a Concerned Citizen	50%	50%	100%	N/A	N/A							
# from the Waiver Participant	1	0	0	0	0							
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A							
# from a Family Member	0	2	0	0	1							
% from a Family Member	N/A	33%	N/A	N/A	20%							
# from Conservator	0	1	0	2	4							
% from Conservator	N/A	17%	N/A	100%	80%							
# Advocate (Paid)	0	0	0	0	0							
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A							
# from PTP Interview	0	0	0	0	0							
% from PTP Interview	N/A	N/A	N/A	N/A	N/A							

Complaints by Issue- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	1	0	0	0	0	4						
# Behavior Issues	0	0	0	0	0	0						
% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Day Service Issues	0	0	0	0	0	0						
% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Environmental Issues	0	0	0	0	0	0						
% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Financial Issues	0	0	0	0	0	0						
% Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Health Issues	0	0	0	0	0	1						
% Health Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Human Rights Issues	0	0	0	0	0	0						
% Human Rights Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# ISC Issues	0	0	0	0	0	0						
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# ISP Issues	0	0	0	0	0	0						
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Staffing Issues	1	0	0	0	0	0						
% Staffing Issues	100%	N/A	N/A	N/A	N/A	N/A						
# Therapy Issues	0	0	0	0	0	0						
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Transportation Issues	0	0	0	0	0	0						
% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Case Management Issues	0	0	0	0	0	0						
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Other Issues	0	0	0	0	0	0						
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	4	12	10	7	4							
# Behavior Issues	0	0	1	0	0							
% Behavior Issues	N/A	N/A	10%	N/A	N/A							
# Day Service Issues	0	0	0	1	0							
% Day Service Issues	N/A	N/A	N/A	14%	N/A							
# Environmental Issues	0	0	0	0	0							
% Environmental Issues	N/A	N/A	N/A	N/A	N/A							
# Financial Issues	0	3	3	0	0							
% Financial Issues	N/A	25%	30%	N/A	N/A							
# Health Issues	0	2	1	0	1							
% Health Issues	N/A	17%	10%	N/A	25%							
# Human Rights Issues	0	2	2	2	0							
% Human Rights Issues	N/A	17%	20%	29%	N/A							
# ISC Issues	0	0	0	1	0							
% ISC Issues	N/A	N/A	N/A	14%	N/A							
# ISP Issues	0	0	0	0	0							
% ISP Issues	N/A	N/A	N/A	N/A	N/A							
# Staffing Issues	4	5	3	3	3							
% Staffing Issues	100%	42%	30%	43%	75%							
# Therapy Issues	0	0	0	0	0							
% Therapy Issues	N/A	N/A	N/A	N/A	N/A							
# Transportation Issues	0	0	0	0	0							
% Transportation Issues	N/A	N/A	N/A	N/A	N/A							
# Case Management Issues	0	0	0	0	0							
% Case Management Issues	N/A	N/A	N/A	N/A	N/A							
# Other Issues	0	0	0	0	0							
% Other Issues	N/A	N/A	N/A	N/A	N/A							

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5							
# Behavior Issues	0	1	0	0	0							
% Behavior Issues	N/A	17%	N/A	N/A	N/A							
# Day Service Issues	1	0	0	0	0							
% Day Service Issues	50%	N/A	N/A	N/A	N/A							
# Environmental Issues	0	1	0	0	0							
% Environmental Issues	N/A	17%	N/A	N/A	N/A							
# Financial Issues	0	2	0	1	1							
% Financial Issues	N/A	33%	N/A	50%	20%							
# Health Issues	0	0	1	0	0							
% Health Issues	N/A	N/A	100%	N/A	N/A							
# Human Rights Issues	1	1	0	0	0							
% Human Rights Issues	50%	17%	N/A	N/A	N/A							
# ISC Issues	0	0	0	0	0							
% ISC Issues	N/A	N/A	N/A	N/A	N/A							
# ISP Issues	0	0	0	0	0							
% ISP Issues	N/A	N/A	N/A	N/A	N/A							
# Staffing Issues	0	0	0	1	4							
% Staffing Issues	N/A	N/A	N/A	50%	80%							
# Therapy Issues	0	0	0	0	0							
% Therapy Issues	N/A	N/A	N/A	N/A	N/A							
# Transportation Issues	0	1	0	0	0							
% Transportation Issues	N/A	17%	N/A	N/A	N/A							
# Case Management Issues	0	0	0	0	0							
% Case Management Issues	N/A	N/A	N/A	N/A	N/A							
# Other Issues	0	0	0	0	0							
% Other Issues	N/A	N/A	N/A	N/A	N/A							

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR November 2016 Report.

There were **NINE (9) complaint issues** statewide by provider reports as documented in Crystal Reports. This is the same as the month of October 2016. There were **ZERO** SD Waiver complaints. There were **five (5)** complaint issues from the **CAC** waiver and **four (4)** complaint issues for the **Statewide** Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was 100% compliance for resolving complaints within 30 days for the month of November 2016.

THE MAIN COMPLAINT ISSUES involved financial (1), health related (1), staff communication (1), staff supervision/management (4), and staff training (2).

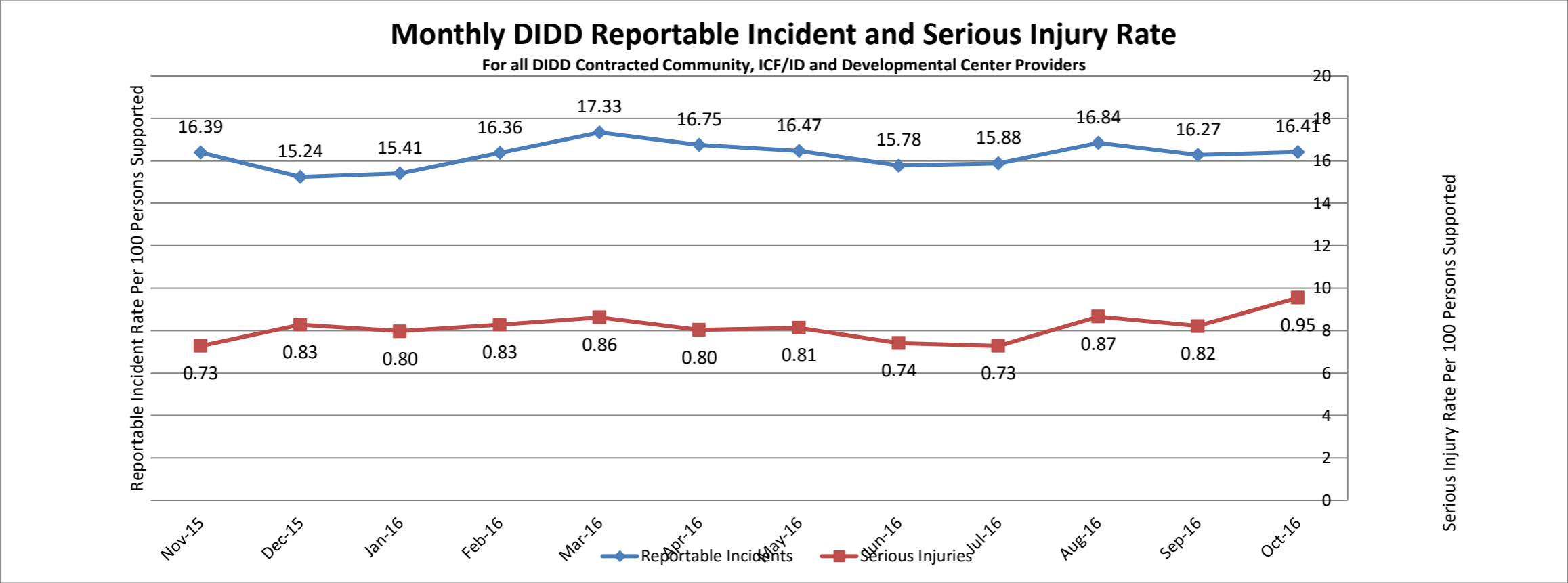
The agencies that had complaint issues filed were Auxilium-West, D&S-West, Key Options Community Care-West, Support Solutions of TN-East, and Support Solutions of TN-West.

There were a total of **34 advocacy interventions** completed by the statewide CFS team in November 2016. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS. The issues included, but not limited to, staff communication, financial issues, environmental issues, human rights concerns, day services, etc.

FOCUS GROUPS were held in Greeneville, Memphis, Jackson, and Nashville. There were approximately 207 participants statewide. Topics for Focus Groups included sharing Vision Boards, community integration, and what are you thankful for? etc.

****As of November 16, 2016, Ms. Schavonne Hallmon started as the new CFS Coordinator for the Middle Region.**

D		Protection From Harm/Incident Management												
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586								2694
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75								16.3
	# of Serious Injuries	26	17	29	34	29								135
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88								0.8
	# of Incidents that were Falls	35	29	37	38	34								173
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03								1.0
	# of Falls resulting in serious injury	8	9	12	17	10								56
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%								41.9%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479								2561
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83								15.8
	# of Serious Injuries	24	30	28	30	33								145
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02								0.9
	# of Incidents that were Falls	25	54	32	46	49								206
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52								1.3
	# of Falls resulting in serious injury	9	15	12	12	18								66
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%								45.0%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414								2075
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69								16.7
	# of Serious Injuries	17	19	21	10	24								91
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97								0.7
	# of Incidents that were Falls	22	28	34	12	33								129
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33								1.0
	# of Falls resulting in serious injury	9	9	13	2	7								40
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%								42.3%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479								7328
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41								16.2
	# of Serious Injuries	67	66	78	74	86								371
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95								0.8
	# of Incidents that were Falls	82	111	103	96	116								508
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29								1.1
	# of Falls resulting in serious injury	26	33	37	31	35								162
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%								43.8%



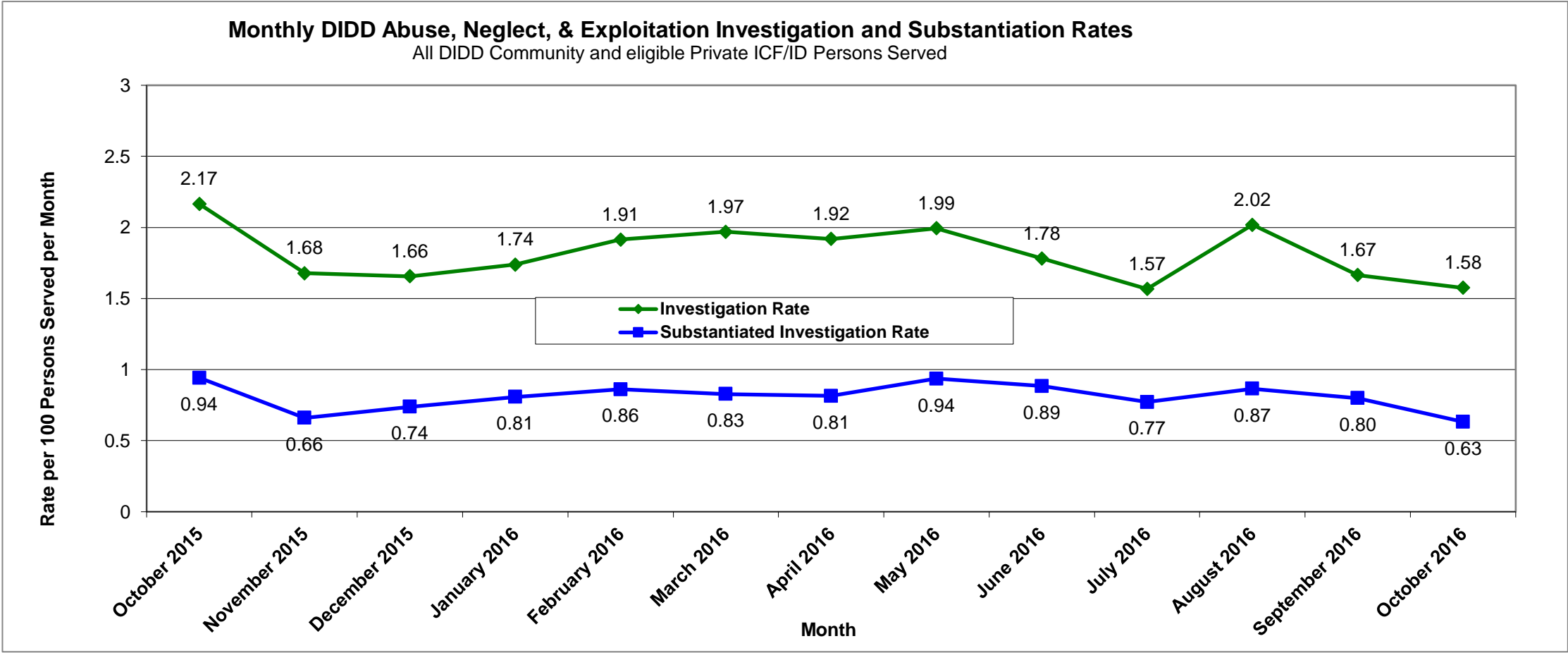
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for October 2016 increased from 16.27 to 16.41. The rate of Serious Injury per 100 persons supported increased from 0.82 to 0.95. The rate of Falls per 100 persons supported increased from 1.07 to 1.29. The number of Serious Injuries due to Falls increased from 31 to 35. The percentage of Serious Injuries due to Falls was 40.7%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for November 2014 – October 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, November 2014 – October 2015, was 15.40 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, November 2015 – October 2016, is 16.26 per 100 persons supported. Analysis showed an increase of 0.86 in the average incident rate.

D	Protection From Harm/Investigations												
East Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3314	3317	3296	3295	3302							
# of Investigations		52	41	49	36	38							
Rate of Investigations per 100 people		1.57	1.24	1.49	1.09	1.15							
# of Substantiated Investigations		23	19	11	12	17							
Rate of Substantiated Investigations per 100 people		0.69	0.57	0.33	0.36	0.51							
Percentage of Investigations Substantiated		44%	46%	22%	33%	45%							
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229							
# of Investigations		60	58	79	57	51							
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58							
# of Substantiated Investigations		36	36	41	29	22							
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68							
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%							
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480							
# of Investigations		49	43	54	57	53							
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14							
# of Substantiated Investigations		21	15	26	31	18							
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73							
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%							
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011							
# of Investigations		161	142	182	150	142							
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58							
# of Substantiated Investigations		80	70	78	72	57							
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63							
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%							



D	Protection From Harm/Investigations
Analysis:	
PFH Analysis: Investigations	
<p>Chart: Monthly Rates: Investigations Opened/Substantiated</p> <p>During the month of October, 2016, 142 investigations were completed across the State. Thirty-eight (38) of these originated in the East Region, fifty-one (51) in the Middle Region, and fifty-three (53) in the West Region. Middle had the greatest change in the number of cases opened, from 57 to 51 cases. West and Middle dropped in the number of investigations opened, and East increased their number by 2 investigations.</p> <p>Statewide, investigations were opened at a rate of 1.58 investigations per 100 people served. The twelve month average is 1.79 investigations per 100 people served. The East Region opened investigations at a rate of 1.15 investigations per 100 people served. East's twelve month average is 1.47 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.58 investigations per 100 people served, and the average for the last 12 months is 1.87. The West Region opened investigations at a rate of 2.14 per 100 people served and their average for the past twelve months is 2.1.</p> <p>Fifty-seven (57), or 40%, of the 142 investigations opened statewide in October, 2016, were substantiated for abuse, neglect, or exploitation. This was a decrease in percentage as compared to the prior reporting period, which was 72 and 48%. The East Region substantiated investigations at the highest percentage of 45% (17 substantiated investigations), compared to the 43% substantiated in the Middle Region (22 substantiated investigations), and the 34% substantiated in the West Region (18 substantiated investigations). The East Region historically has had a lower percentage of investigation substantiated than the other two regions.</p> <p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.63 during October, 2016. The West Region substantiated investigations at the highest rate per 100, with .73 substantiated investigations per 100 people served. The Middle Region substantiated investigations at the rate per 100, with .68 substantiated investigations per 100 people served. The East Region substantiated investigations was .51. The statewide percentage of investigations substantiated for the past 12 months is 44.75%; East Region is 39.91%, Middle 52.41%, and West 39.41%.</p>	

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268							
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25							
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%							
Total Grier denial letters issued	24	30	23	22	21							
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0							
Termination	0	0	0	0	0							
Reduction	0	0	0	0	0							
Suspension	0	0	0	0	0							
Total Received	0	0	0	0	0							
DENIAL OF SERVICE												
Total Received	0	0	0	0	0							
Total Grier Appeals Received	0	0	0	0	0							
Total Non-Grier Appeals Received	0	0	0	0	0							
Total appeals overturned upon reconsideration	0	0	0	0	0							
TOTAL HEARINGS	4	0	1	0	0							
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0							
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0							
Other	1	0	0	0	0							
Total Directives Received	1	1	0	0	0							
Overturned Directives	0	1	0	0	0							
MCC Directives	0	0	0	\$0	0							
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0							
LATE RESPONSES												
Total Late Responses	0	0		0	0							
Total Days Late	0	0	0	0	0							
Total Fines Accrued (Estimated)	0	0	0	0	0							
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2							
Continuing Delay Issues (Unresolved)	3	4	5	2	2							
Total days service(s) not provided per TennCare ORR	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348							
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87							
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%							
Total Grier denial letters issued	76	77	88	65	55							
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0							
Termination	0	0	0	0	0							
Reduction	0	0	0	0	0							
Suspension	0	0	0	0	0							
Total Received	1	0	0	1	0							
DENIAL OF SERVICE												
Total Received	3	7	5	4	4							
Total Grier Appeals Received	4	7	5	5	4							
Total Non-Grier Appeals Received	0	0	0	0	0							
Total appeals overturned upon reconsideration	0	0	2	0	0							
TOTAL HEARINGS	2	1	0	3	3							
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0							
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0							
Other	1	0	1	0	0							
Total Directives Received	1	0	1	0	0							
Overturned Directives	0	0	0	0	0							
MCC Directives	0	0	0	0	0							
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0							
LATE RESPONSES												
Total Late Responses	0	0	0	0	0							
Total Days Late	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1							
Continuing Delay Issues (Unresolved)	1	1	0	0	1							
Total days service(s) not provided per TennCare ORR	67	33	0	0	2							
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000							

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226							
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180							
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%							
Total Grier denial letters issued	96	126	112	105	112							
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0							
Termination	0	0	0	0	0							
Reduction	0	0	0	0	0							
Suspension	0	0	0	0	0							
Total Received	0	0	0	0	0							
DENIAL OF SERVICE												
Total Received	0	3	3	3	4							
Total Grier Appeals Received	0	3	3	3	4							
Total Non-Grier Appeals Received	0	0	0	0	0							
Total appeals overturned upon reconsideration	0	1	1	3	2							
TOTAL HEARINGS	2	2	1	0	0							
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0							
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0							
Other	0	0	0	0	0							
Total Directives Received	0	0	0	0	0							
Overturned Directives	0	0	0	0	0							
MCC Directives	0	0	0	0	0							
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0							
LATE RESPONSES												
Total Late Responses	0	0	0	0	0							
Total Days Late	0	0	0	0	0							
Total Fines Accrued (Estimated)	0	0	0	0	0							
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1							
Continuing Delay Issues (Unresolved)	1	2	2	2	1							
Total days service(s) not provided per TennCare ORR	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842							
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292							
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%							
Total Grier denial letters issued	196	233	223	192	188							
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0							
Termination	0	0	0	0	0							
Reduction	0	0	0	0	0							
Suspension	0	0	0	0	0							
Total Received	1	0	0	1	0							
DENIAL OF SERVICE												
Total Received	3	10	8	7	8							
Total Grier Appeals Received	4	10	8	8	8							
Total Non-Grier Appeals Received	0	0	0	0	0							
Total appeals overturned upon reconsideration	0	1	3	3	2							
TOTAL HEARINGS	8	3	2	3	3							
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0							
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0							
Other	2	1	1	0	0							
Total Directives Received	2	1	1	0	0							
Overturned Directives	0	0	0	0	0							
MCC Directives	0	0	0	0	0							
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0							
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574							
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970							
LATE RESPONSES												
Total Late Responses	0	0	0	0	0							
Total Days Late	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
Total Defective Notices Received	0	0	0	0	0							
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0							
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4							
(Unresolved)	5	7	7	4	4							
Total days service(s) not provided per TennCare ORR	67	33	0	0	2							
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000							

Appeals:

The DIDD received 8 appeals in October, which is the same as the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that October experienced a 29.8% decrease in volume based on this average.

The DIDD received 6842 service requests in October compared to 7845 in September, which indicates a 12.8% decrease in volume. The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that September experienced a 7.5% decrease in volume based on this average.

4.3% of service plans were denied statewide in October compared to 3.9% in September. The average of service plans denied per month during Fiscal Year 2016 was 4.4%.

Directives:

No directives were received statewide in October.

Cost Avoidance:

This month experienced \$11,574.15 in cost avoidance. Statewide, total cost avoidance is \$102,970.14 for the fiscal year.

Sanctioning/fining issues:

The Middle region received a fine in the amount of \$1,000.00 regarding a delay of service where 2 days of Respite was not provided as authorized. Millar Rich was the responsible provider in this case.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	10				148			
Total Census of Providers Surveyed	577				7748			
# of Sample Size	79				1023			
% of Individuals Surveyed	14%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	87%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	80%	20%	0%	0%	64%	29%	4%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	70%	30%	0%	0%	61%	32%	5%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	90%	10%	0%	0%	81%	17%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	90%	10%	0%	0%	93%	6%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	40%	10%	0%	43%	48%	6%	1%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	94%	4%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	80%	10%	10%	0%	77%	14%	7%	1%
Domain 5: Health								
Outcome A. The person has the best possible health.	70%	30%	0%	0%	71%	23%	4%	0%
Outcome B. The person takes medications as prescribed.	60%	20%	20%	0%	55%	29%	12%	2%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	93%	6%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	99%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	99%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	96%	3%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	70%	30%	0%	0%	65%	29%	4%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	70%	30%	0%	0%	64%	33%	2%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	70%			30%	63%			36%
Outcome C. Provider staff are adequately supported.	60%	30%	0%	10%	69%	27%	2%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	90%	0%	10%	0%	92%	6%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	60%	30%	10%	0%	52%	39%	7%	0%
Outcome B. People's personal funds are managed appropriately.	40%	40%	20%	0%	42%	48%	7%	1%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month	1				7			
Total Census of Providers Surveyed	27				212			
# of Sample Size	4				32			
% of Individuals Surveyed	15%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	85%	14%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	42%	57%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	71%	28%	0%	0%
Indicator 9.B.2.: Provider staff have received	0%			100%	71%			28%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	85%	14%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD	100%	0%	0%	0%	85%	14%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				25			
Total Census of Providers Surveyed	371				1146			
# of Sample Size	19				133			
% of Individuals Surveyed	5%				12%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	50%	50%	0%	28%	40%	28%	4%
Outcome B. Services and supports are provided according to the person's plan.	50%	0%	50%	0%	72%	16%	12%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	50%	50%	0%	16%	64%	16%	4%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	50%	50%	0%	0%	95%	4%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	84%	16%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	78%	14%	7%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	50%	0%	0%	50%	92%	4%	0%	4%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	0%	50%	0%	40%	48%	12%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received	100%			0%	100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	50%	50%	0%	0%	88%	12%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				2			
Total Census of Providers Surveyed	7				7			
# of Sample Size	6				6			
% of Individuals Surveyed	86%				86%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	50%	50%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				23			
Total Census of Providers Surveyed	41				1522			
# of Sample Size	4				144			
% of Individuals Surveyed	10%				9%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	34%	52%	13%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	26%	60%	13%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	30%	60%	8%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	78%	21%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	69%	26%	4%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	91%	8%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	47%	43%	8%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	95%	4%	0%	0%
Indicator 9.B.2.: Provider staff have received	na			na	88%			11%
Outcome C. Provider staff are adequately supported.					84%	8%	4%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	86%	8%	4%	0%

QA Summary for QM Report (thru 11/2016 data)

Performance Overview- Calendar Year 2016 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	25%	25%	63%	N/A	16%	100%	17%
Proficient	42%	41%	25%	N/A	48%	N/A	48%
Fair	30%	31%	12%	N/A	32%	N/A	35%
Significant Concerns	3%	3%	N/A	N/A	4%	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	205	147	8	N/A	25	2%	23

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Emory Valley Center, Lakeway Achievement Center, Omni Visions, RHA Health Services; Middle- Angels Care, Evergreen Life Services, Genuine Care Services, Meritan; West- Benton County Developmental Services, Livitup, Mid-South Supportive Living, Comforting Angels.

East Region:
RHA Health Services, LLC: The 2016 QA survey resulted in the agency receiving a score of 48. This places them in the fair range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (50-Proficent in 2015). This decrease in compliance was specific to issues identified in Domains 5 (SC-PC) and 10 (PC-MC). Domain 9 did increase from a partial to a substantial compliance rating.
The provider should focus efforts to ensure the following:

- Needed health supports are provided.
- The record adequately reflects all the medications administered.
- Personal Funds policies are implemented appropriately.
- People only pay appropriate fees and charges (This is a repeat issue-10.B.3).
- Loan agreements are in place when funds are loaned to people and repayment is expected (This is a repeat issue – 10.B.4).

A Risk Management referral letter was sent to the provider on November 28, 2016 due to issues with billing.
Personal funds accounts: 5 accounts were reviewed, 5 contained issues. The provider should focus efforts to ensure: all receipts are retained and logs are completed as required, there is proper oversight and accounting of all personal funds and there is proper oversight of funds and assets to ensure financial protection.

Omni Visions, Inc.: The 2016 QA survey resulted in the agency receiving a score of 46. This places them in the fair range of performance. Compared to their 2015 survey results, this is a 4-point decrease in compliance (50-Proficent in 2015). This decrease in compliance was specific to issues identified in Domains 5 (SC-PC) and 9 (SC-PC).
The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans (This is a repeat issue – 2.B.3).
- People live in a sanitary and comfortable living environment.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Rights restrictions are reviewed in accordance with DIDD requirements.
- Medication administration records are appropriately maintained (This is a repeat issue-5.B.4).

Storage of medications ensures appropriate access, security, separation and environmental conditions.
Appropriate records relating to the person are maintained.
Staff receive ongoing supervision consistent with their job function.
Services are provided and billed for in accordance with DIDD requirements.
Personal Funds policies contain all required elements (This is a repeat issue – 10.B.1).
Food and household supply expenses are equitably split between/among housemates (This is a repeat issue – 10.B.3).

A recoupment letter was sent to the provider on 12/2/16 in the amount of \$2,976.08. The recoupment was specific to issues regarding residential and day services not always being provided as authorized in the plan.

Personal funds accounts: 7 accounts were reviewed, 4 contained issues. The provider should focus efforts to ensure: all receipts are retained and logs are recorded as required, there is proper oversight and accounting of all personal funds and there is proper oversight of funds and assets to ensure financial protection.

Emory Valley Center, Inc. The 2016 QA survey resulted in the agency receiving a score of 46. This places them in the fair range of performance. Compared to their 2014 survey results, this is an 8-point decrease in compliance (54-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domains 3 (SC-PC), 5 (SC-PC), 9 (SC-PC) and 10 (SC-PC). This agency was awarded a 4-Star status for 2015.

The provider should focus efforts to ensure the following:

- Documentation indicates appropriate monitoring of the plan's implementation.
- Staffing plans contain required details and are implemented as written.
- Background and registry checks are completed in a timely manner.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Needed health supports are provided.
- Medications are provided and administered in accordance with physician's orders.
- Only appropriately trained staff administer medications.
- Medication administration records are appropriately maintained.
- Storage of medications ensures appropriate access, security, separation and environmental conditions.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Staff receive ongoing supervision consistent with their job function.

Personal funds accounts: 3 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure Monthly bank account reconciliation reports are signed or dated by reconciler, all receipts are retained and logs are completed as required, people do not pay late fees, and proper oversight and accounting of all personal funds is occurring.

Lakeway Achievement Center, Inc.: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2015). This decrease in compliance was specific to issues identified in Domain 3 (SC-PC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Background and registry checks are completed in a timely manner.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Appropriate records relating to the person are maintained.
- Unannounced visits are documented.
- Services are provided and billed for in accordance with DIDD requirements.

A sanction letter is forthcoming regarding New Hire Staff Qualifications.

A recoupment letter was sent on 12/2/2016 in the amount of \$8,392.35. The recoupment was specific to issues regarding residential and day services not always being provided as authorized in the plan

The agency requested an Opportunity for Recoupment Review on 12/8/2016.

Personal funds accounts: 5 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure: all receipts are retained and logs are completed as required and proper oversight and accounting of all personal funds is occurring.

Middle Region:

Genuine Care- Day/Res and Personal Assistance: The agency declined an exit conference.

- Scored 50 Proficient on the 2016 QA Survey. Scored 40 Fair on the 2015 QA Survey.
- Domain 3 remained Partial Compliance.
- Domains 2, 4, 5, and 9 increased from Partial Compliance to Substantial Compliance.
- Domain 10 increased from Minimal Compliance to Partial Compliance.
- Outcome 3. C.- Criminal Background and the four State of Tennessee Registry checks were 100% compliant for the thirteen new employees. There was no documentation to indicate that some investigations were reviewed by the Incident Management Committee. Instances were identified of reportable incidents that were not discussed and/or resolution of recommendations was not tracked.
- Domain 9- New employee training was completed with a compliance rating of 90.9% or above for all modules. Tenured staff training was 87.5% compliant for CPR and First Aid for the eight tenured staff
- reviewed.
- Domain 10- Scored Partial Compliance due to billing issues being identified for Supported Living services being billed when an individual was not in the home for 3 days and lack of a second staff person for SL 4 services for another person for one day. Recoupment occurred.
- Minor Personal Funds management issues were identified for two of the four individuals reviewed due to the lack of maintenance of receipts, improper split of bills, and late fees.

Angels Care- Day/Residential and Personal Assistance: The agency declined an exit conference. They scored 54 Exceptional on the 2016 QA survey. Scored 46 Fair on the 2015 Survey.

- Domains 3, 5, 9, and 10 increased from Partial to Substantial Compliance.
- Background checks and all training was 100% compliant for the two new staff and the two tenured staff reviewed.

Evergreen Life Services- Day/Res, Personal Assistance, Family Model, Nursing, and Medical Residential: The exit conference was held on November 18, 2016.

- Scored 38 Fair on the 2016 QA Survey. Scored 44 Fair on the 2015 QA Survey.
- Domain 4 decreased from Substantial to Partial Compliance.
- Domains 2, 3, and 5 remained Partial Compliance.
- Domains 9 and 10 decreased from Partial Compliance to Minimal Compliance.
- Domain 2- Received Partial Compliance due to issues regarding Monthly Reviews not reporting on all relevant ISP outcomes and not being submitted timely to the ISCs.
- Domain 3- Issues with fire drills were identified regarding the lack of fire drills being conducted. The initial site survey was completed instead of the Support Monitoring Tool for the Family Model Residential sites.
- Outcome 3.C. scored Minimal Compliance due to the agency not implementing a process of investigating or resolving cases of Staff Misconduct, the medication variance trending was completed; however, numerous errors were unreported and undetected. Incident Management meetings did not always occur timely.
- Criminal Background and the four State of Tennessee Registry checks were 92.3% compliant or above for the thirteen new employees.
- Outcome 4.D.- Scored Minimal Compliance due to Informed Consent for psychotropic medications not being completed as required and/or reviewed by the Human Rights Committee.
- Domain 5- Scored Partial Compliance due to lack of annual physical and/or dental examinations, and lack of needed follow-up appointments completed (nursing will need to follow up on an issue regarding sepsis).
- Inaccurate information was submitted to a physician causing new orders to be written based upon this information.
- Medication errors were identified regarding medication changes not being implemented timely and missing MARs.
- Domain 9- Scored Minimal Compliance due to the agency not maintaining current contracts with several Family Model providers.
- New employee training was completed per requirements, at or above 90%, for all modules. Tenured staff training was 80% compliant for CPR and First Aid for the fifteen tenured staff reviewed.
- Outcome 9.C. scored Non Compliance due to the agency providing no documentation to verify that the required amount of supervisory visits occurred in eight of the nine homes reviewed. There were also numerous instances in which the agency's Licensed Practical Nurses did not receive on-site supervision by the Registered Nurse.
- Outcome 9.D. scored Minimal Compliance due to no representation from Middle Tennessee on the Local Advisory Board.
- Domain 10- Scored Minimal Compliance due to numerous billing issues being identified for Family Model and Community Based Day services. Recoupment occurred.
- Personal Funds management issues were identified for the seven individuals reviewed due to non-sufficient funds fees, lack of maintenance of receipts, inappropriate pest control charges, over payment of rent, and paying for food covered by room and board.

Meritan, Inc.- Day and Family Model: The agency declined the exit conference.

- Scored 50 Proficient on the 2016 QA Survey. Scored 48 Proficient on the 2015 QA Survey.
- Domain 5 decreased from Substantial to Partial Compliance.
- Domain 10 remained Partial Compliance.
- Domains 4 and 9 increased from Partial Compliance to Substantial Compliance.
- Outcome 3. C. Criminal Background and the four State of Tennessee Registry checks were 100% compliant for the one new employee.
- Outcome 4.D.- Scored Minimal Compliance due to Informed Consent for psychotropic medications not being completed as required and/or reviewed by the Human Rights Committee.
- Domain 5- Scored Partial Compliance due to lack of documented information being presented to the prescribing practitioner during the psychotropic medication reviews for two people reviewed.
- A current physician's order for sliding scale insulin was not present in the record. There was no evidence that the agency requested clarification or additional orders for the times when her blood sugar reading fell outside the Supplemental Scale.
- Outcome 9.B.- Training was completed as required for the one new employee and the four tenured staff reviewed.
- Domain 10- There were no billing issues identified during the survey process.
- Personal Funds management issues were identified for the one individual reviewed due lack of maintenance of receipts.
- The agency requested a review.

West Region:

Mid-South Supportive Living – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey exited 11/10/16.

- Compared to their 2015 survey results, this is a 2-point increase in compliance (50-Fair in 2015) related to improvements identified in Domains 10 (MC-PC).
- The agency needs to ensure:
 - Background checks and checks of required registries are completed timely for all new hires (sanction is pending);
 - Required training is completed timely for tenured staff;
 - Personal property inventories include purchase dates and purchase amounts.
 - Personal Funds policies and procedures met DIDD requirements and Generally Accepted Accounting Principles.
- Outcome 10A, billing, scored SC. Due to the provider's program integrity status, recoupment data was forwarded to Risk Management on 12/9/16 as additional information for an open case.
- Outcome 10B, personal funds management, scored PC. Four of the four people surveyed are due to be reimbursed for missing statements, missing receipts, return item fee, and late fees.

Benton County Developmental Services (Cornerstone) – Residential/Day provider scored 54 of 54/ Exceptional Performance on the QA survey exited 11/17/16.

- All Domain, outcome, and indicator scores are the same as in their 2014 survey results; no indicators were scored "N".
- Outcome 10A, billing, scored SC; no overbilling was noted.
- Outcome 10B, personal funds management, scored SC. No need for any reimbursement was identified and the person's funds were considered fully accounted for.

Comforting Angels – Initial Consult provided for the Residential/Day provider that began providing services on 7/1/16.

- The agency needs to ensure:
 - Documentation reflects the correct service provided and supports the required number of staff are present;
 - The monthly review process is completed timely;
 - Written policies are created regarding safety and emergency procedures;
 - Agency procedures and forms for checking environmental safety are followed and completed;
 - Written policies regarding the maintenance and inspection of vehicles used by staff are created;
 - Protection from Harm policies are consistent with DIDD requirements;
 - The agency's Crisis Intervention Policy is approved by a Human Rights Committee;
 - A complaint resolution process is established;
 - Personnel files are created and maintained for all staff;
 - Background and registry checks are completed for all staff and are completed timely;
 - Records maintained for people supported are complete;
 - A Management Plan is created and maintained;
 - A self-assessment and quality improvement planning process is created and maintained;
 - Procedures for staff supervision are created and implemented;
 - Training for new staff is completed timely; and
 - Documentation of orientation of Advisory Board members is maintained

LivItUp – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 11/18/16.

- In 2015 the provider also scored 54 of 54/Exceptional Performance.
- The agency needs to ensure:
 - Applicants potentially meeting the definition of “prohibited staff” are not assigned to work until after an approved DIDD exemption has been received; a sanction is pending.
 - Training for new staff is completed timely; a sanction is pending.
- Outcome 10A, billing, scored SC; no overbilling was noted.
- Outcome 10B, personal funds management, scored SC. No need for any reimbursement was identified and the person’s funds were considered fully accounted for.

Personal Assistance: East- no reviews; Middle- no reviews; West- Sitters and More of West Tennessee.

West Region:

Sitters and More West – Personal Assistance provider scored 42 of 42/Exceptional Performance on the QA survey exited 11/23/16.

- In 2015 the provider also scored 42 of 42/Exceptional Performance.
- The agency needs to ensure Training for new and tenured staff is completed timely; a sanction is pending.
- Outcome 10A, billing, scored SC; no overbilling was noted.

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewed: East- Columbus Medical Services, Faye Arrington; Middle- no reviews; West- no reviews.

East Region:

Columbus Medical Service: The 2016 QA survey resulted in the agency receiving a score of 32. This places them in the Proficient range of performance.

Compared to their 2015 survey results, this is a 4-point decrease in compliance (36-Exceptional in 2015). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 3 (SC-PC).

The provider should focus efforts to ensure the following:

- Assessments contain all required information (This is a repeat issue – 2.A.4).
- A process for reviewing and monitoring the implementation of the plan is implemented.
- Documentation indicates appropriate monitoring of the plan’s implementation.
- Registry checks are completed in a timely manner (This is a repeat issue – 3.C.6).
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A policy is developed which includes the procedures for supervision of BCBA’s.
 - A sanction letter in the amount of \$100.00 was sent to the provider on November 30, 2016 regarding New Hire Staff Qualifications.

Faye Arrington, BA: The 2016 QA survey resulted in the agency receiving a score of 20. This places her in the Significant Concerns range of performance.

Compared to her 2013 survey results, this is a 16-point decrease in compliance (36-Exceptional in 2013). This decrease in compliance was specific to issues identified in Domains 2 (SC-MC), 3 (SC-PC), 6 (SC-NC), 9 (SC-PC), and 10 (SC-PC).

The provider should focus efforts to ensure the following:

- Assessments are completed as required (This is a repeat issue – 2.A.4).
- Behavior interventions are incorporated into a Behavior Support Plan.
- The person’s plan is implemented in a timely manner and consent is obtained (This is a repeat issue – 2.B.2).
- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan.
- Documentation indicates appropriate monitoring of the plan’s implementation.
- The ISC is contacted regarding BSAR or BSP development when issues interfere with completion of them.
- A system for obtaining back-up or emergency staff is implemented.
- Input is solicited from people supported and their families/conservators.
- Requirements in the Provider Agreement are completed as required, specifically pertaining to pre-survey information being submitted as required.
- Appropriate records relating to the person are maintained.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
 - Services are provided and billed for in accordance with DIDD requirements.

A recoupment letter in the amount of \$1,206.40 is forthcoming due to missing service notes.

Nursing Providers:

Providers reviewed: : East- no reviews; Middle- OnePulse; West- Resource One Medical Staffing.

Middle Region:

One Pulse.- Nursing: The exit conference was held on November 18, 2016.

- Scored 42 Exceptional on the 2016 QA Survey. Scored 40 Proficient on the 2015 QA Survey.
- Domain 3 increased from Partial Compliance to Substantial Compliance.
- Outcome 3. C.- No new employees were hired during the survey period reviewed.
- Domain 9- Tenured staff training was 100% compliant for CPR for the five tenured staff reviewed.
- Domain 10- No billing issues were identified for the two individuals reviewed.

West Region:

Resource One Medical Staffing – Nursing provider that also provides PA to one person scored 42 of 42/Exceptional Performance on the QA survey exited 11/3/16.

- In 2015 the provider also scored 42 of 42/Exceptional Performance.
- The agency needs to ensure the agency's Crisis Intervention Policy is approved by a Human Rights Committee.

Therapy Providers:

Providers reviewed: : East- no reviews; Middle- no reviews; West- Kimberly Musicante.

West Region:

Kim Musicante – Independent therapy provider was a 4* provider in 2014 and 2015 and scored 36 of 36/Exceptional Performance on the QA survey exited 11/3/16.

- All Domain, outcome, and indicator scores are the same as in the last survey in 2013; no indicators were scored “N”.
- Outcome 10A, billing, scored SC; no overbilling was noted.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

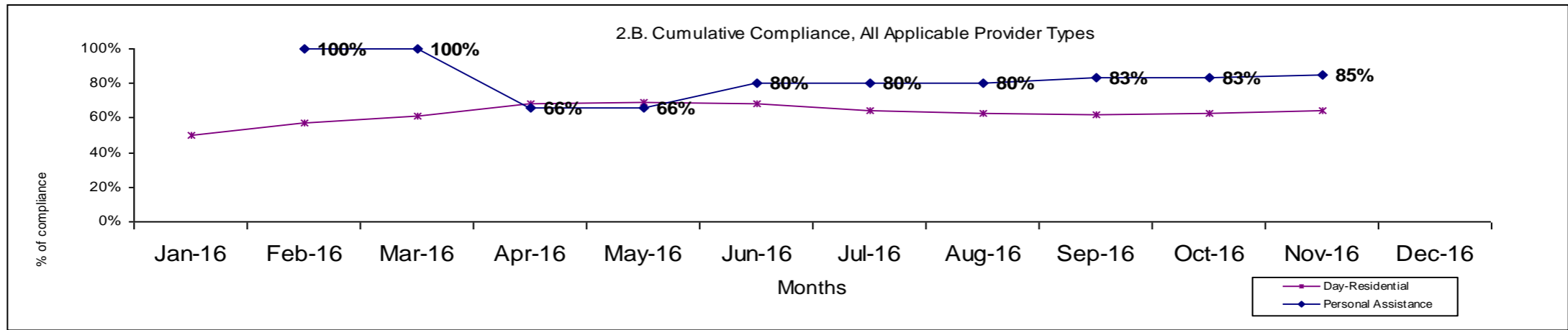
Special Reviews:

Current Month:

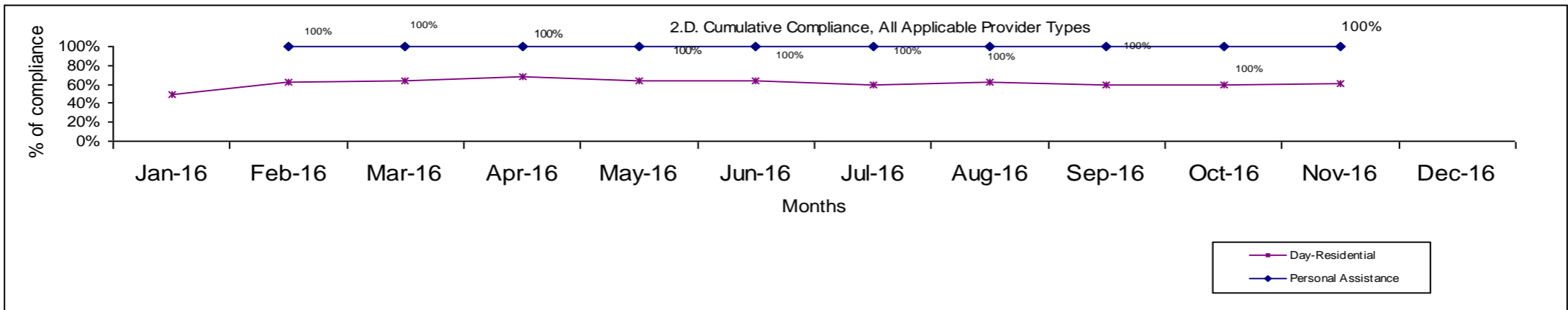
Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	80%	70%
Personal Assistance	100	100

Cumulative Data:



Cumulative Data:

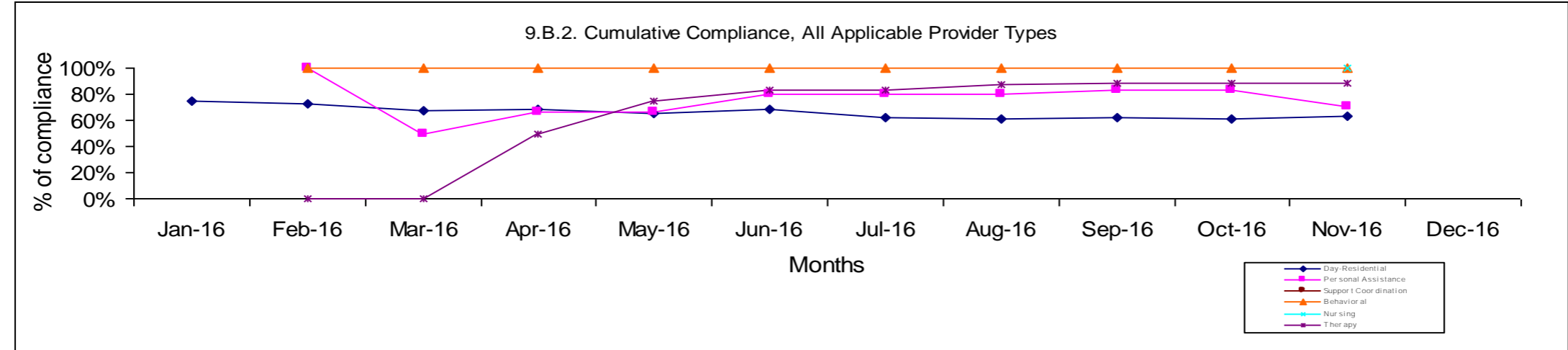


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	70%
Personal Assistance	0%
Support Coordination	-
Behavioral	100%
Nursing	100
Therapy	-

Cumulative Data:



F	Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds
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Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - East												
# of Individual Personal Funds Accounts Reviewed	5	14	25	25	18	20	29	20	18	24	20	
# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22	12	15	21	15	10	16	9	
# of Personal Funds Accounts Found Deficient	1	7	2	3	6	5	8	5	8	8	11	
% of Personal Funds Fully Accounted for	80%	50%	92%	88%	67%	75%	72%	75%	56%	67%	45%	
% of Personal Funds Found Deficient	20%	50%	8%	12%	33%	25%	28%	25%	44%	33%	55%	

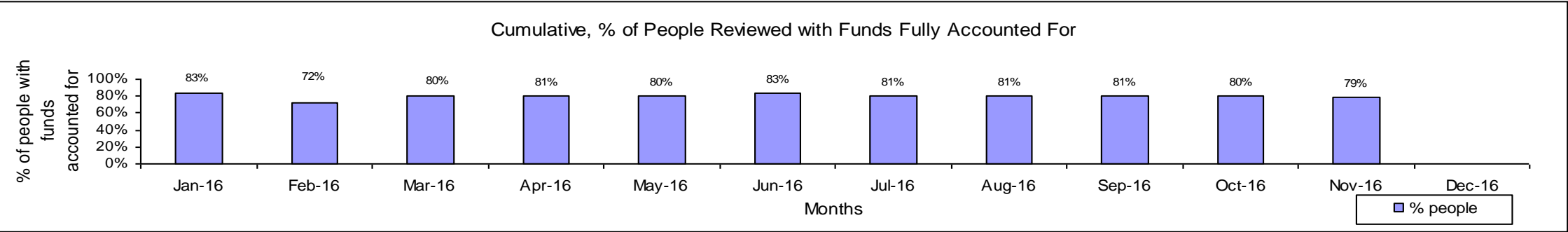
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Middle												
# of Individual Personal Funds Accounts Reviewed		18	27	24	23	25	28	18	18	19	24	
# of Individual Personal Funds Accounts Fully Accounted For		12	23	20	17	25	25	12	15	10	18	
# of Personal Funds Accounts Found Deficient		6	4	4	6	0	3	6	3	9	6	
% of Personal Funds Fully Accounted for		67%	85%	83%	74%	100%	89%	67%	83%	53%	75%	
% of Personal Funds Found Deficient		33%	15%	17%	26%	0%	11%	33%	17%	47%	25%	

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - West												
# of Individual Personal Funds Accounts Reviewed		12	6	15	22	16	19	4	31	13	10	
# of Individual Personal Funds Accounts Fully Accounted For		12	4	12	20	16	12	4	31	13	10	
# of Personal Funds Accounts Found Deficient		0	2	3	2	0	7	0	0	0	0	
% of Personal Funds Fully Accounted for		100%	67%	80%	91%	100%	63%	100%	100%	100%	100%	
% of Personal Funds Found Deficient		0%	33%	20%	9%	0%	37%	0%	0%	0%	0%	

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Statewide												
# of Individual Personal Funds Accounts Reviewed		44	58	64	63	61	76	42	67	56	54	
# of Individual Personal Funds Accounts Fully Accounted For		31	50	54	49	56	58	31	56	39	37	
# of Personal Funds Accounts Found Deficient		13	8	10	14	5	18	11	11	17	17	
% of Personal Funds Fully Accounted for		70%	86%	84%	78%	92%	76%	74%	84%	70%	69%	
% of Personal Funds Found Deficient		30%	14%	16%	22%	8%	24%	26%	16%	30%	31%	

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Cumulative Funds Data												
# of Individual Personal Funds Accounts Reviewed		50	108	172	235	296	372	414	481	537	591	
# of Individual Personal Funds Accounts Fully Accounted For		36	86	140	189	245	303	334	390	429	466	
# of Personal Funds Accounts Found Deficient		14	22	32	46	51	69	80	91	108	125	
% Funds Accounted for, Cumulatively		72%	80%	81%	80%	83%	81%	81%	81%	80%	79%	
% Funds Deficient, Cumulatively		28%	20%	19%	20%	17%	19%	19%	19%	20%	21%	

Region	% of Personal Funds Fully Accounted For
East	45%
Middle	75%
West	100%
Statewide	69%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy. See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.